

RECONCILIATION OF PARTITIONED ELEMENTS

	A*	B	C	D	E
	DS3 CROSS CONNECTION COST SUMMARY BY FUNTION				
	DS3 TOTAL	CABLE& SUPPORT	CROSS CON. EQUIPMENT	TERMINATION EQUIPMENT	TOTAL PARTITIONED B+C+D
1 Gross Investment	\$3,730.31	\$929.06	\$0.00	\$2,801.24	\$3,730.31
Annual Cost					
2 Cost of Moncy	\$234.23	\$58.34	\$0.00	\$175.90	\$234.23
3 State & Fed Taxes	\$92.68	\$23.08	\$0.00	\$69.60	\$92.68
4 Depreciation	\$294.59	\$73.37	\$0.00	\$221.22	\$294.59
5 Repair and Maintenance	\$47.44	\$11.82	\$0.00	\$35.63	\$47.44
6 Administration	\$201.32	\$50.14	\$0.00	\$151.18	\$201.32
7 Subtotal of Expenses	\$870.27	\$216.75	\$0.00	\$653.52	\$870.27
8 Overhead	\$87.68	\$21.84	\$0.00	\$65.84	\$87.68
9 Total Annual Cost	\$957.95	\$238.59	\$0.00	\$719.37	\$957.95
10 Monthly Direct Cost	\$72.52	\$18.06	\$0.00	\$54.46	\$72.52
11 Monthly Rate	\$79.83	\$19.88	\$0.00	\$59.95	\$79.83
12 Rate/ Direct Cost	110.07%	110.07%	N/A	110.07%	

***UPARTITIONED TOTAL**

APPENDIX T

Cost Workpapers

Price Out

PRICE OUT CHART

PACIFIC BELL MODEL OFFICE - Cost of Providing 100 DS1s

	Rate Under	REQ/	Total		RAF'd	RAF'd
	Investigation	100-DS1	Non rec.	RAF	Rate	Total
1. Non-recurring Charges						Non rec.
Construction Charges*	\$56,631	1	\$56,630.60	100.00%	\$56,630.60	\$56,630.60
OCT-DS1-NEW	\$180.00	100	\$18,000.00	100.00%	\$180.00	\$18,000.00
OCT-DS1-Rollover	\$180.00	0	\$0.00	100.00%	\$180.00	\$0.00
Total NRC's			\$74,630.60			\$74,630.60
Equivalent Monthly Payment			\$1,631.97			\$1,631.97
Over 5 Years @11.25% Interest						RAF'd
	Rate Under	REQ/	Total		RAF'd	Total
	Investigation	100-DS1	Monthly	RAF	Rate	Monthly
2. Recurring Charges						
CO Floor Space/Sq. Ft.	\$8.15	100	\$815.00	100.00%	\$8.15	\$815.00
48 Volt DC Power						
(per Fuse, 40 Amp)	\$296.00	1	\$296.00	100.00%	\$296.00	\$296.00
Cable Space / Per Cable	\$182.00	1	\$182.00	100.00%	\$182.00	\$182.00
(per linear ft)	N/A		\$0.00	100.00%	\$0.00	\$0.00
Electrical Cross Connection Service						
DS1	\$7.73	100	\$773.00	100.00%	\$7.73	\$773.00
Total Recurring			\$2,066.00			\$2,066.00
Total Monthly Cost			\$3,697.97			\$3,697.97
Mo Cost per DS1			\$36.98			\$36.98

*Construction charges itemized on Worksheet: LSAN O1 PRICE OUT

PRICE OUT CHART

PACIFIC BELL MODEL OFFICE - Cost of Providing 250 DS1s

	Rate Under	REQ/	Total	RAF	RAF'd	RAF'd
	Investigation	100-DS1	Non rec.		Rate	Total
1. Non-recurring Charges						Non rec.
Construction Charges*	\$56,631	1	\$56,630.60	100.00%	\$56,630.60	\$56,630.60
OCT-DS1-NEW	\$180.00	250	\$45,000.00	100.00%	\$180.00	\$45,000.00
OCT-DS1-Rollover	\$180.00	0	\$0.00	100.00%	\$180.00	\$0.00
Total NRC's			\$101,630.60			\$101,630.60
Equivalent Monthly Payment			\$2,222.39			\$2,222.39
Over 5 Years @11.25% Interest						RAF'd
	Rate Under	REQ/	Total	RAF	RAF'd	Total
	Investigation	100-DS1	Monthly		Rate	Monthly
2. Recurring Charges						
CO Floor Space/Sq. Ft.	\$8.15	100	\$815.00	100.00%	\$8.15	\$815.00
48 Volt DC Power						
(per Fuse, 40 Amp)	\$296.00	1	\$296.00	100.00%	\$296.00	\$296.00
Cable Space / Per Cable	\$182.00	1	\$182.00	100.00%	\$182.00	\$182.00
(per linear ft)	N/A	0	\$0.00	100.00%	\$0.00	\$0.00
Electrical Cross Connection Service						
DS1	\$7.73	250	\$1,932.50	100.00%	\$7.73	\$1,932.50
Total Recurring			\$3,225.50			\$3,225.50
Total Monthly Cost			\$5,447.89			\$5,447.89
Mo Cost per DS1			\$21.79			\$21.79

PACIFIC BELL DATA RESPONSE

WORKSHEET: LSA001 OFFICE PRICE OUT

PACIFIC BELL TYPICAL NONRECURRING ELEMENTS			
ITEM	UNIT COST	UNITS	TOTAL NRC
1 Infrastructure	\$36,199	1	\$36,199.00
2 CO Floor Space (100 sq. ft.)	\$16,064	1	\$16,064.00
3 DC power cable	\$7.72	90	\$694.80
4 40 Amps power	\$453	1	\$453.00
5 Cable placement wo redundancy	\$3,185	1	\$3,185.00
6 Access Card	\$8.70	4	\$34.80
7 TOTAL			\$56,630.60
8 DS1 Cross Connect Nonrecurring	\$180	100	\$18,000.00

REFERENCE: Nonrecurring rates

1 Infrastructure	Pacific Bell Tariff p. 664
2 CO Floor Space (100 sq. ft.)	Pacific Bell Tariff p. 660
3 DC power cable	Pacific Bell Tariff p. 667
4 40 Amps power	Pacific Bell Tariff p. 667
5 Cable placement wo redundancy	Pacific Bell Tariff p. 672
6 Access Card	Pacific Bell Tariff p. 675
8 Cross connection	Pacific Bell Tariff p. 675

PACIFIC BELL RECURRING ELEMENTS			
ITEM	UNIT COST	UNITS	TOTAL RECURRING
9 CO Floor Space/Sq. Ft.	\$8.15	100	\$815.00
10 48 Volt DC Power, 40 Amps	\$296.00	1	\$296.00
11 Cable Space / Per Cable	\$182.00	1	\$182.00
12 (per linear ft)	n/a		\$0.00
13 Connection Service, DS1	\$7.73	100	\$773.00
14 Total			\$2,066

REFERENCE: Recurring rates

9 CO Floor Space/Sq. Ft.	Pacific Bell Tariff p. 660
10 48 Volt DC Power, 40 Amps	Pacific Bell Tariff p. 667
11 Cable Space /100 sq ft	Pacific Bell Tariff p. 668
12 (per linear ft)	n/a
13 Connection Service, DS1	Pacific Bell Tariff p. 675

APPENDIX U

Cost Workpapers

Applications

**PACIFIC BELL
EXPANDED INTERCONNECTION SERVICE
COLLOCATION ORDER/APPLICATION FORM**

**EXPANDED INTERCONNECTION SERVICE, AS DESCRIBED IN FCC
128, SECTION 16, IS REQUESTED BY:**

CUSTOMER INFORMATION

COMPANY NAME _____

CONTACT NAME _____

TELEPHONE NUMBER _____ FAX NUMBER _____

BILLING ADDRESS _____ ROOM # _____

CITY _____ STATE _____ ZIP _____

AT THE FOLLOWING LOCATION:

CENTRAL OFFICE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CLLI _____

TYPE OF REQUEST:

Check one box for type of request:

FIBER REQUEST ☐

MICROWAVE REQUEST ☐

BONA FIDE REQUEST for office addition to tariff ☐

PACIFIC BELL USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

TEL NUMBER: _____

NOTIFY COLLOCATION PRODUCT MARKETING IMMEDIATELY.

FAX NUMBER: 510 867-0135

TEL NUMBER: 510 901-6059

**PACIFIC BELL
EXPANDED INTERCONNECTION SERVICE
COLLOCATION ORDER/APPLICATION FORM**

COORDINATE SERVICE IMPLEMENTATION WITH:

CUSTOMER CONTACT

NAME _____

TELEPHONE NUMBER _____ FAX NUMBER _____

ADDRESS _____ ROOM # _____

CITY _____ STATE _____ ZIP _____

IN THE EVENT OF AN EMERGENCY OR NETWORK FAILURE:

24 HOUR CONTACT NUMBER

NAME _____

TELEPHONE NUMBER _____ FAX NUMBER _____

ADDRESS _____ ROOM # _____

CITY _____ STATE _____ ZIP _____

ALL NOTICES OR OTHER COMMUNICATIONS TO BE GIVEN IN WRITING:

NOTICE MAILED TO ADDRESS

NAME _____

TELEPHONE NUMBER _____ FAX NUMBER _____

ADDRESS _____ ROOM # _____

CITY _____ STATE _____ ZIP _____

ATTENTION: _____

**PACIFIC BELL
EXPANDED INTERCONNECTION SERVICE
COLLOCATION ORDER/APPLICATION FORM**

ALL NOTICES OR OTHER COMMUNICATIONS TO BE GIVEN IN WRITING:

NOTICE DELIVERED TO ADDRESS

NAME _____

TELEPHONE NUMBER _____ FAX NUMBER _____

ADDRESS _____ ROOM # _____

CITY _____ STATE _____ ZIP _____

ATTENTION: _____

FLOOR SPACE REQUIREMENTS

1. 100 SQUARE FEET OF SPACE IS REQUESTED FOR OCCUPANCY BY
DATE: _____

2. FORECASTED FIVE YEAR SPACE REQUIREMENT BY YEAR:

YEAR	_____	_____	_____	_____	_____
TOTAL					
SPACE	_____	_____	_____	_____	_____ (SQ. FT.)

(100 SQ. FT MIN., 400 SQ. FT. MAX.)

**PACIFIC BELL
EXPANDED INTERCONNECTION SERVICE
COLLOCATION ORDER/APPLICATION FORM**

TECHNICAL SPECIFICATIONS

1. FORECASTED EIS CROSS CONNECT REQUIREMENTS AT EIS POINT OF TERMINATION:

YEAR _____ _____ _____ _____ _____

TOTAL
QTY DS1 _____ _____ _____ _____ _____

TOTAL
QTY DS3 _____ _____ _____ _____ _____

2. WILL TELEPHONE SERVICE BE REQUIRED? YES NO

NUMBER OF LINES _____

3. DC POWER REQUIREMENTS

NUMBER OF 40 AMP -48 VOLT DC POWER FEEDS REQUIRED _____
(DISTRIBUTED AS A & B FEED EACH WITH 40 AMP LOAD)

FORECASTED FIVE YEAR POWER REQUIREMENT BY YEAR:

YEAR _____ _____ _____ _____ _____

TOTAL #
OF FEEDS _____ _____ _____ _____ _____

**PACIFIC BELL
EXPANDED INTERCONNECTION SERVICE
COLLOCATION ORDER/APPLICATION FORM**

CABLE AND CONDUIT SPACE REQUIREMENTS

1. FIBER ENTRANCE FACILITIES

PRIMARY ROUTE FIBER CABLE:

TYPE _____ SIZE _____

SECONDARY ROUTE FIBER CABLE:

TYPE _____ SIZE _____

2. INTRA BUILDING FIBER FACILITIES

PRIMARY ROUTE FIBER CABLE:

TYPE _____ SIZE _____

SECONDARY ROUTE FIBER CABLE:

TYPE _____ SIZE _____

3. COAXIAL ENTRANCE/INTRA BUILDING FACILITIES

ENTRANCE ROUTE COAXIAL CABLE:

TYPE _____ SIZE _____

INTRA BUILDING ROUTE COAXIAL CABLE:

TYPE _____ SIZE _____

**PACIFIC BELL
EXPANDED INTERCONNECTION SERVICE
COLLOCATION ORDER/APPLICATION FORM**

VENDOR INFORMATION

1. FIBER CABLE PLACING VENDOR

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

2. FIBER SPLICING VENDOR

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

3. EQUIPMENT INSTALLATION VENDOR

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

4. EQUIPMENT INSTALLATION VENDOR

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

**PACIFIC BELL
EXPANDED INTERCONNECTION SERVICE
COLLOCATION ORDER/APPLICATION FORM**

The undersigned understands and agrees that, in the event that FCC Tariff 128 provisions governing Expanded Interconnection Service for any reason become ineffective, that the terms and conditions of the EIS Tariff shall continue to apply until the undersigned removes all of its facilities from Pacific Bell's Central Offices. The undersigned further understands and agrees that, in the event that the EIS Tariff provisions become ineffective, Pacific Bell may, in its discretion, give the undersigned written notice to remove its facilities from Pacific Bell's Central Offices and Pacific Bell will identify the schedule by which the customer is to remove its equipment and property.

Signed: _____

Title: _____

Date: _____